



# Town of Preston

## ZONING PERMIT APPLICATION

Zoning Permit App # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

**Zoning Permit Applications that need Planning and Zoning Commission Approval:**

- Section 16.6 Accessory Apartment
- Section 16.8 Home Occupation
- Section 17 Coastal Site Plan App work within 100 feet of a tidal wetland - see coastal site plan application
- Section 16.15 Special Flood Hazard Area (SFHA)
- Section 16.14 Wind Energy Conversion Systems (WECS)

Your application shall include the basic Zoning Permit application (this page), supplemental information, and the signature page.

**Please fill out this application completely. If the application is not properly completed with documentation submitted, as noted below, it will create unnecessary delays. Provide 8 copies of the plan with the application attached. In addition, provide the following:**

- \_\_\_1. Fee of \$80.00 (\$20.00 Town application fee - \$60.00 State fee).
- \_\_\_2. Site/Plot Plan at an appropriate scale.
- \_\_\_3. Elevation drawings and floor plans of any proposed structures.
- \_\_\_4. Letter from the Department of Transportation for any work within a state highway right-of-way, as applicable.
- \_\_\_5. Copy of property deed on file in the Town Clerk's Office.
- \_\_\_6. Copies of approval letters from all applicable agencies, i.e. IWWC or ZBA as applicable.

**ALL APPLICATIONS WILL REQUIRE A LEGAL NOTICE TO APPEAR IN THE PAPER AFTER THE COMMISSION TAKES ACTION. PLEASE NOTE THAT A PERMIT WILL NOT BE VALID UNTIL THE LEGAL NOTICE FEE IS PAID. THE AMOUNT OWED WILL BE NOTED IN YOUR ACTION LETTER FROM THE COMMISSION.**

Name of applicant \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address of applicant \_\_\_\_\_ Email \_\_\_\_\_

Location of subject property \_\_\_\_\_

Owner of Property \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Address of property owner \_\_\_\_\_ Email \_\_\_\_\_

Please provide description of the project, including site improvements, drainage improvements, buildings and uses. Please use additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_

FOR TOWN USE:  
 Date of Receipt by the PZC \_\_\_\_\_ Request for Extension(s) date \_\_\_\_\_  
 Referral Date to Town Staff \_\_\_\_\_

Departments	Date comments are received:
<input type="checkbox"/> Building Inspector	_____
<input type="checkbox"/> Fire Marshal	_____
<input type="checkbox"/> Zoning Enforcement Officer	_____
<input type="checkbox"/> Uncas Health District	_____
<input type="checkbox"/> IWWC	_____
<input type="checkbox"/> CAC	_____
<input type="checkbox"/> First Selectman	_____
<input type="checkbox"/> Other _____	_____

**Section 16.6 Accessory Apartments – additional information:**

1. Will the accessory apartment be located within the existing residence or in an accessory structure?

\_\_\_\_\_

2. Please provide the following square footages

a. Total square footage of the primary residence living space \_\_\_\_\_

b. Total square footage of the accessory residence living space \_\_\_\_\_

c. Percentage of living space for the accessory apartment (this is the number in letter **c** divided by number in letter **a** and multiplied by 100) \_\_\_\_\_

If the percentage of the accessory apartment exceeds 30%, please provide an explanation based on Section 16.6.2 f) of the Regulations. This cannot exceed 50% of the total living space.

\_\_\_\_\_

\_\_\_\_\_

3. Please provide elevation/facade drawing or photograph of the residence and the accessory apartment.

4. Please provide floor plan of the primary residence and accessory apartment prepared to scale. Please provide the sizes and dimensions of all rooms.

5. Please provide a plot plan showing the location of the residences, parking, septic system, well, utilities, and any other accessory buildings.

6. Please provide a notarized letter that the owner of the residence will occupy the residence, except for bona fide temporary absences.

7. The building plans will not be required to be submitted to the building inspector until this permit is approved; by signing this application, you agree to comply with all building, health codes, and fire codes and that any unauthorized revisions to the residence will be considered to be a violation of this permit. The Commission will not act on the plan until approval is granted by the town sanitarian for the well and septic system.

8. Please note the number of parking spaces \_\_\_\_\_. There shall be a minimum of two spaces for the primary residence and two for the accessory apartment. There shall be no on-street parking allowed.

**Notarized Letter**

Date:

To the Members of the Preston Planning and Zoning Commission:

In accordance with Section 16.6 of the Preston Zoning Regulations regarding accessory apartments:

I, \_\_\_\_\_, owner for property located at \_\_\_\_\_, Preston Connecticut attest that, as owner, I will occupy one of the residences at the subject property; thereby, having an owner occupied residence with accessory apartment, except during bona fide temporary absences. In the event the residence is not owner occupied, the residence shall be converted back to a single-family home.

Signature of Owner \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

Notarized: